



Arkansas Early Childhood Comprehensive Systems Initiative

Joint Meeting: Medical Home and Social-Emotional Health Work Groups--

Thursday, February 9, 2006 - 2-4:30 p.m.

Members Present: Patti Bokony, Bruce Cohen, Dana Gonzales, Martha Hiett, Frances Lawson, Carol Lee, Lynn Lincoln, Richard Nugent, Martha Reeder, Belinda Sanders, Rhonda Sanders, Dan Sullivan, Ratha Tracy, and Paula C. Watson.

Visitor: Nikki Conners, Walter Hathaway, and Tammy Walters.

Regrets: Rachel Bowman, Laura Butler, Stevanna Cherepski, Richard Hill, Lynn Mouden, Ann Patterson, Linda Russell, Kathy Stegall, and Anne Wells.

The meeting was called to order by Bruce Cohen. Self-introductions were made by the group.

Agenda Item #1: Follow up from QRS - Martha Reeder and Rhonda Sanders

Discussion: Martha Reeder provided an update on the QRS meeting. She distributed papers which she had updated to reflect changes and approvals made by the QRS Sub-group in the Parent/Family/Community Partnership measure on February 8.

There will be a tool kit to accompany each level. A "mock" tool kit for Level 2 has been put together. It is just an example. It shows what might be contained in the actual tool kit. There are a few copies for sharing if you are interested in examining the contents.

The Parent/Family/Community Measure (as it now stands) handout was presented to the group. The items in "Black" are things that have been approved. The items in "Red" relate to Medical Home recommendations, and the items in "Blue" are from Social-Emotional Health. "Green" items are notes to alert you that recommendations may be covered elsewhere in the Plan.

Handouts for Levels 2, 3, 4, and 5 were distributed. Level 2 is complete and Level 3 is partially complete. Levels 4 and 5 are mostly continuations. Only the brand new items will be anything that the QRS group will talk about specifically. The next meeting of QRS is scheduled for March 10. Each level includes all the performance measures on each level. The group has already voted on and adopted the items in "Black."

Agenda Item #1, Continued: Follow up from QRS - Martha Reeder and Rhonda Sanders

**Discussion:** This group needs to determine if the adopted items related to the seven measures pertaining to Medical Home and Social-Emotional Health are sufficient. The QRS group will go back and re-examine the other six. They have a "parking lot" and other things to clean up the proposed plan. The groups also need to take the handouts and study the information to determine if there are specific terminologies needed to clarify the adopted items and proposed recommendations related to the two work groups.

The developmental screen is on Level 2 in Learning Environment. An example of the developmental screen is contained in the sample tool kit, the Pediatric Symptom Checklist. The QRS group wants some choices for the provider to select which instrument they prefer to use. There should be a clear, concise explanation as to how it is to be used and what would be the follow-up. This groups' responsibility would be to provide a instructions that are simple, straight-forward, and concise.

Level 2 is mostly assessment and basic training, along with some licensing requirements. The group was asked to review learning environment from Level 1 through Level 5, and check to see if any further clarification is needed regarding the developmental screen. QRS may identify several things that could be used there. If this group has suggestions, this is the time to make them, providing specific instruments to the QRS group.

Other comments and questions made by Martha Reeder, Rhonda Sanders and others include the following:

- ? AR has approved raising the rate paid to dental providers. The increase rate should help increase the number of dental providers.
- ? DHS has several training issues that are contracted out, for instance the ASU contract. Medical Home training could be done that way on-line.
- ? If doing an assessment, there is a need to put in a referral. Number 2 under Level 2 needs to say, "Screening and Referral" instead of just screening.
- ? Remember to be specific. If you follow through Level 2 through 5, the group must be a concise as you possibly can be.
- ? The Health form is one that they want to be able to incorporate into what they are already using.
- ? Licensing rule mentions, Medical History; it is there so that the child-care provider will know to ask.
- ? ABC has a Health Screening as well as Head Start
- ? Pre-K ELLA was developed in Arkansas. Because it was developed in Arkansas, pieces of it may be included in the tool kit without copyright issues and cost.
- ? It is possible that several checklists from Pre-K Ella could be used (reading, social-emotional).
- ? The steps for creating a Quality Rating Scale include the following
  - ✍ Selection of Standards
  - ✍ Accountability
  - ✍ Financing
  - ✍ Public Relations. This aspect goes on the whole time. We must convince parents that quality care is important and practitioners that it is to their benefit to offer high quality.

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**Agenda Item #1, Continued: Follow up from QRS - Martha Reeder and Rhonda Sanders**

**Discussion:** Comments and questions continued:

- ? If the providers have the checklist, and it is in their files, it is the accountability piece.
- ? Health discussions may take a little longer. Medical Home needs to decide the exact information they want/need in Level 2.
- ? All the various medical forms need to be on the table. The ABC form is in the process of being changed. There is another group working on EPSDT. This adds another dimension to the medical form.
- ? There is a need to look at specific training topics, health screening assessment, etc.
- ? The work groups need to meet separately before meeting together again.

**Agenda Item #2: Immunization Registry - Walter Hathaway, DHHS, Division of Health**

**Discussion:** Walter Hathaway explained the immunization process and demonstrated how the new immunization registry web site works. It is now feasible for child-care providers to be added to the registry as public providers. They would not be able to insert information but could draw needed information from the registry for each child in their care. Each provider would be assigned a number for their use only to enter the system.

The providers/programs would be trained as a group in the use of the site. For children born in Arkansas, the birthing hospital has the responsibility for inserting baby information when the child is born. All birthing hospitals except two in the state are on the list. There are unique identifiers for each child: name, birthday, mom's maiden name, social security number, CPC, etc. Child-care providers will be able to enter the system to look up a child. For this to happen, the Early Care and Education Division will need to supply the Division of Health with all of the names of child-care providers.

**Agenda Item #3: Early Childhood Mental Health Consultation Project - Nikki Conners**

**Discussion:** Nikki Conners described the Mental Health Project that is being funded jointly by the Divisions of Child Care and Early Childhood Education and Behavioral Health about one year ago. Three mental health projects were funded in different areas of the state. These mental health groups have each partnered with 3 - 5 child-care providers to integrate and provide support. Each site is a little different, having their own goals for themselves, goals for the providers, goals for the parents, and goals for the children around pre-social skills and behavior. They are doing things at every level around these goals. Nikki is an evaluator in the project.

Mental Health professionals are available to deal with children one on one. When it first began, there were approximately 140 teachers involved in the project. The mental health entity is using DECA to do universal screenings for behavior and protective factors. If there are behavior issues, they use DECA-C. There are a large number of children with behavioral problems and they are documenting the behavior.

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**Agenda Item #3, Continued: Early Childhood Mental Health Consultation Project - Nikki Conners**

**Discussion:** They are also using ARNETT. This assessment is from the teacher's perspective and helps look at issues with teacher responses to children's behavior. They are serving teachers related to training needs and competence in dealing with different behavior issues. They are not far enough into the project to be able to talk much about the effect of the project, but they do have reason to believe that the social skills and behavior of the children are improving.

Some of the challenges in the project include teacher turnover, losing site, and picking up new ones. It seems to take a long time to establish relationships between the teachers and the mental health professionals. The Division of Early Care and Education and the Division of Behavioral Health have been laying the groundwork for this project for some time. Those child-care providers involved in the project are getting some technical assistance. They are not trying to interfere with any medical/social health issues already diagnosed.

The project began by the Division of Child Care issuing a call for proposals from Community Mental Health Centers. The Mental Health Centers had to have some type of relationship with the child care sites although it did not have to be an integrated relationship. Applications were received from 10 of the 15 centers. They had to have an interest in taking care of the children's health. Child-care providers had to understand that the project is about collecting data and they would not receive any money for participating. The child-care providers were happy to be part of the project.

The ultimate goal is to help centers with children's behavior problems. The kinds of things the mental health professionals are doing are not "billable" under the current system. In a typical situation, without the grant, the mental health groups would not be able to be part of the project.

The curriculum at the child-care centers may be different, but everyone is doing something to change behavior problems. Many of the centers had to understand what mental health consultations provide. With training, the child-care centers are on the same field. About 500 children have been dealt with thus far. There are plans to follow the children through the end of this year.

**Agenda Item #4: Meeting Dates - Adjournment**

**Discussion:** Medical Home Work Group will meet on Tuesday, February 14, at 10 a.m. in the Conference Room at Arkansas Advocates for Children and Families. Social-Emotional Health Work Group will meet on Monday, February 27, at 2 p.m. at Freeway Medical Center.

There being no further business, the meeting was adjourned.

**RESULTING TASKS AND ASSIGNMENTS:**

**Paula Watson is to send out notices of the February 14 meeting of Medical Home and the February 27 meeting of Social-Emotional Health.**